

REQUEST FOR PUBLIC RECORDS

Person/Organization Requesting Record: _____

Reason for Request: _____

Party Name: _____ **Date of Birth:** _____

Case Number(s): _____

Daytime Phone Number: _____ **Email:** _____ **Fax:** _____

Specific documents or information requested: _____

You are requesting: Paper copies only Audio only (subject to availability) Paper copies and audio

Are certified copies requested? (Cannot be faxed or emailed) Yes No

Delivery Method: Mail ☐ Pick up ☐ Fax (non-certified) ☐ Email (non-certified)

If you are requesting certified records and/or requesting paper copies of court documents be sent to you by mail, please provide the mailing address below.

Address: _____

City: _____ **State:** _____ **Zip:** _____

Once your requested documents are ready, the Court will contact you to obtain payment information. Please provide the contact information for payment below.

Telephone Number: _____

Email Address: _____

Requesting Party's Signature _____ **Date** _____

Municipal Court fees for information requested:

- Record Search Fee: \$51.00 per case
 - Audio: \$51.00 per hearing
- Copy Fee: \$0.50 per page
- Certification Fee: \$17.00

NOTICE OF DISCLAIMER: Lake Havasu City Municipal Court, responds to all requests for public records in accordance with *Lake Havasu City Code Chapter 2.24* and *ARS § 39-101 et seq.* Lake Havasu City Municipal Court, does not warrant and shall not be responsible or liable for any loss, consequence, or damage resulting directly or indirectly from reliance upon the accuracy, reliability, or timeliness of any record(s) provided pursuant to this request. Any person or entity relying upon record(s) provided pursuant to this request does so at the person's or entity's own risk and assumes the responsibility of verifying any information used or relied upon. The information provided is used by Lake Havasu City for internal reference purposes.